

PSJ3

Exhibit 121



PER # 01153
Request for Educational Grant Payment

Initiator: Linda A. Kitlinski
 Title: Director, Clinical Development & Education Department

Therapeutic Category: Pain Management

cc: Legal

<u>Institution/Organization</u>		<u>Program</u>	
Name:	American Academy of Pain Medicine Attn: Kathryn Checea 4700 West Lake Avenue Address: Glenview, IL 60025-1485	Scientific/Educational Activity:	AAPM Annual Review Course
Tax ID:	36-3874208	Location:	New Orleans, LA
Coordinator:		CE?	Yes
Name:	Kathryn Checea		
Title:		Type:	Unrestricted educational grant
Phone:	847-375-4731		
Fax:	847-734-8750		
Check payable to:	American Academy of Pain Medicine	Audience Size:	400
Notes:	CE agreement attached. Please send via 2 nd day air.	Composition:	Pain specialists

Expenses	Hotel	Meals	Ground	Air	Other	Total
Estimated:						
Actual:						
Explanation:						

Payments	Estimated	Actual	Pay Date	Invoice #
Grant:	\$16,000.00	\$16,000.00		
Total Payments	\$16,000.00	\$16,000.00		

Funding Sources: Charge Code: 662100- 20075

Total Funding: \$16,000.00

Linda A. Kitlinski _____

Bradley S. Galer, M.D. _____

Legal Department _____